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maintenance fee notification	ons.							
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Ble	ock 1 for any change of address)	FE 4	Fee(s) T	ransmittal. T	his certif	icate cannot be used for	domestic mailings of the rany other accompanying at or formal drawing, must
266	7590 09/02	/2008	(2)					
MUELLER AN	D SMITH, LPA	SEF		I hereby	certify that	this Fee(s	of Mailing or Transn s) Transmittal is being	deposited with the United
MUELLER-SMIT	TH BUILDING	1	<i>[w]</i>	States P	ostal Service	with suf	ficient postage for first	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
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COLUMBUS, OF		on .	PADEMARY.	Ca	i≵, E.	Tame	9	(Depositor's name)
9/29/2008 HVUONG2 00	0000024 10735335			l Ga	<del>***</del>	n C	7/2	(Signature)
1 FC:2501	720.0	n np			Jan	ے ′	yeme	
2 FC:8001	30.0			Se	ptembe	r 23	, 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	NTOR		АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/735,335	12/12/2003		Doddabele L. Madh	havi ·	vi · BIO 2-016 3791			
TITLE OF INVENTION: BIOAVAILABLE CAROTENOID-CYCLODEXTRIN FORMULATIONS FOR SOFT-GELS AND OTHER ENCAPSULATION SYSTEMS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PR	EV. PAID ISS	UE FEÉ	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0		\$0		\$720	12/02/2008
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	s				
MAIER, L	EIGH C	1623	514-058000					
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	or type)				
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on to T a substitute for filin	the paten	t. If an assig	gnee is id	lentified below, the do	cument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (C					
Bioac	tives, LLC		В	elmo	nt, MA			
Please check the appropria	te assignee category or	categories (will not be pr	rinted on the patent):	☐ Ind	dividual 🙀	Corporati	on or other private gro	up entity Government
4a. The following fee(s) as Sue Fee	re submitted:	. 41					riously paid issue fee s	hown above)
				A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
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5.01 1.70 11.01 1	(0)	1.1.	overpayment, to i	Deposit A	Account Num	<sup>Der</sup> 13	_4830 (enclose an	extra copy of this form).
<ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>	•	•	☐ b. Applicant is no	o longer o	claiming SM.	ALL ENT	ΓΙΤΥ status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestred Sta	uired) will not be accepte tes Patent and Trade nark	d from anyone other the Office.	han the a	pplicant; a re	gistered a	attorney or agent; or the	e assignee or other party in
Authorized Signature _	AM M	well			DateS	epte	mber 23, 2	0.08
Typed or printed name	Jerry K	Mueller, Jr					27,576	
Alexandria, Virginia 2231	rginia 22313-1450. DO 3-1450.	RV1.311. The information U.S.C. 122 and T.CFR USPTO. Time will vary den. should be sent to the	COMPLETED FORM	15 10 11	HIS ADDKE	55. SENI	O IO: Commissioner i	by the USPTO to process) gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.

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Gail, E. James	(Depositor's name)
Dail & James	(Signature)
September 23, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,335	12/12/2003	Doddabele L. Madhavi	BIO 2-016	3791

TITLE OF INVENTION: BIOAVAILABLE CAROTENOID-CYCLODEXTRIN FORMULATIONS FOR SOFT-GELS AND OTHER ENCAPSULATION SYSTEMS

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EXAMINER		ART UNIT	CLASS-SUBCLASS	]				
MAIER, LEIGH C		1623	514-058000	•				
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or typ	pe)				
PLEASE NOTE: Uni recordation as set fort	less an assignee is identi h in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the part of the part o	atent. If an assignee is id	entified below, the docu	ament has been filed for		
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	RY)			
Bioa	ctives, LLC		Beli	mont, MA	·			
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🙀 Corporation	on or other private group	entity Government		
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Authorized Signature	In h	well		Date <u>Septe</u> r	mber 23, 201	0.8		
Typed or printed name								

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